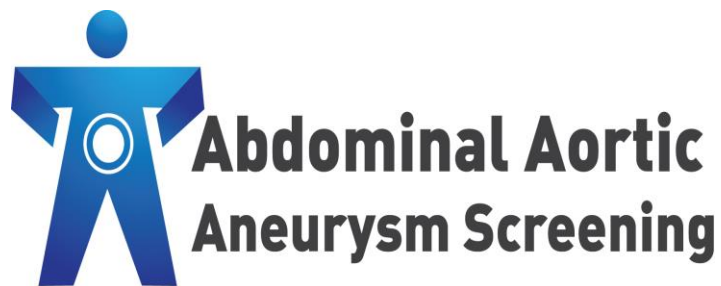


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# Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme

## Annual Report 2014-15



## About this publication

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- Members of NI AAA Screening Programme Co-ordinating Group

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## Section 1:

# Summary and Highlights for 2014-15

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This is the third annual report for the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme since it was introduced in June 2012.

All men in Northern Ireland are invited for screening in the year they turn 65. Men over the age of 65 are encouraged to self-refer by contacting the screening programme office on 02890 631828.

The Belfast Health and Social Care Trust is responsible for the management and delivery of the programme, whilst the Public Health Agency (PHA) is responsible for commissioning and quality assuring it. The two organisations work closely together to provide an effective, safe and accessible service.

Following on from a successful second full year of screening, the programme embarked on further consolidation and development of existing services throughout 2014-15. In the 2013-14 Annual Report the programme set out a number of core objectives. These objectives have either been met in full or are on target, as evidenced throughout this report. Overall performance of the programme remained high as follows:

- almost 9,500 men were invited to attend for screening
- uptake remained high at 83%
- 583 men were screened either as a self-referral to the programme or within the prison setting
- 126 AAAs were newly detected within the screening programme, which is 1.5%<sup>1</sup> of those screened
- 22 men with large aneurysms were referred to the vascular team to consider treatment options

Significant progress was also made during 2014-15 with a number of other programme developments as highlighted in the 2013-14 annual report. These include:

- Three service users recruited to sit as **Patient Representatives** on the Co-ordinating Group
- **Service user testimonial** available as a video on the programme website [www.aaascreening.info](http://www.aaascreening.info), outlining the screening experience of a gentleman diagnosed with a small AAA through the programme

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<sup>1</sup> Refer to table 2 on page 16 for detailed data

- **Short introductory video** by the Clinical Lead also added to the programme website, providing an overview of AAA screening and the NI AAA screening programme specifically
- **Audio versions** of the programme's general information leaflet and its three results leaflets similarly available on the website
- Production of new general **Awareness Leaflet** and **Business Card** to help promote the programme
- **Promotional Poster** updated to highlight the programme is for men aged 65 and over
- **Equality monitoring survey** undertaken across all 19 AAA screening locations in the region in the first week of June 2014. The response rate was 82%
- Screening offered to all eligible men within **Maghaberry Prison** in December 2014
- Two **additional screening venues** secured during the year for regular clinics in Bangor Community Hospital and Roe Valley Hospital in Limavady
- **Engagement with Primary Care** continued with a number of GPs actively promoting the programme as noted in section seven of this report
- The PHA Quality Assurance and Commissioning Support Manager invited to sit on the **English NHS AAA Screening Programme Quality Assurance (QA) Steering Group** (which is responsible for establishing and maintaining a QA structure and framework for English AAA screening). Membership of this group will facilitate establishment of an External QA Model for AAA screening in Northern Ireland
- **Annual reviews** for clinical and imaging leads completed for 2014-15
- **Peer review training** for participation in external quality assurance successfully completed by the programme's Public Health Lead, Clinical Lead, Imaging Lead and QA Manager

- **Staff recognition and awards** – a number of staff within the programme were recognised for their contributions either to the programme or within the wider vascular field.

### **President of the Vascular Society of Great Britain and Ireland (VSGBI)**

Mr Paul Blair, Clinical Lead for the programme, was appointed as the President of the Vascular Society of Great Britain and Ireland for the period November 2014 until November 2015.



### **Northern Ireland Advancing Healthcare Awards – November 2014**

#### **Category 2 – Seating Matters Award for Innovation and Creativity – enabling AHPs to deliver safe and effective practice and care**

- Mrs Deirdre Kearns, Lead Screening Sonographer for the programme, was a finalist for this award category.



#### **Category 5 - Award for outstanding achievement by a support worker**

- The NI AAA screening technicians were finalists in this award category.

### **Institute of Healthcare Management (IHM) - Allied Health Professional Manager of the Year 2014**

Mrs Deirdre Kearns, Lead Screening Sonographer for the programme won the award for the Allied Health Professional Manager of the Year 2014.



## Section 2:

### Introduction

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2014-15 has been a year of firsts for the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme; it also represents our third increasingly successful year of screening.

We particularly welcome the appointment of three Service Users / Patient Representatives as members of the programme's main co-ordinating group. Their individual experiences and input at meetings and related events has already made a significant and positive impact on future service delivery and improvement. You can read more about this exceptional group of men on page 19 of this report.

The year has also seen increased interaction with a wide variety of partner organisations which, like the PHA and the Belfast Trust, are keen to ensure that all men aged 65 and over within Northern Ireland who are eligible for screening, are able to easily access it in a safe and equitable manner. To this end, considerable effort has been put into raising awareness of the programme amongst harder to reach groups, while programme staff continue to engage with a wide range of men's groups and primary care.

Finally, I would like to congratulate the entire programme team at the Belfast Trust whose hard work and consistently high standards of professionalism have been recognised by their peers and health service colleagues, which we celebrate with them on page 6.

**Dr Adrian Mairs**  
**Consultant in Public Health Medicine /**  
**Public Health Lead**  
**NI AAA Screening Programme**



The third year of the Northern Ireland Abdominal Aortic Aneurysm (AAA) has been another successful one. As Clinical Lead for the programme, I am pleased to present this annual report outlining some of the achievements.

With patient safety always high on the agenda, ensuring those men diagnosed with a large AAA are treated as quickly as possible remains a priority. I am therefore delighted that during 2014-15 the programme continued to meet this key quality standard, with 86% of men diagnosed with a large AAA being operated on by a vascular specialist within eight weeks. This would not happen without significant support and co-operation from clinicians and other health care professionals and I remain very grateful to them.

Collaboration between the programme staff within the Belfast Trust and the Public Health Agency has been critical to the success of the programme. This year has seen more active engagement between service users, clinical and programme staff. I look forward to working with our three service users who are newly appointed members of the Co-ordinating Group.

Thank you for your continued interest in the programme and taking the time to read this report.

**Mr Paul Blair**  
**Consultant Vascular Surgeon /**  
**Clinical Lead**  
**NI AAA Screening Programme**



## Section 3:

# Background and Programme Objectives

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## What is an AAA?

An abdominal aortic aneurysm (AAA) is a swelling of the main artery in the body as it passes through the abdomen. The walls of the artery weaken, causing it to balloon out. AAAs are more common in men aged 65 and older. Other factors known to increase the risk of developing an AAA are smoking, high blood pressure and high blood cholesterol. Close relatives of someone who has been diagnosed with an AAA are also more likely to develop one.

AAAs usually cause no symptoms, therefore most people who have one will not feel anything. As the aneurysm grows so too does the risk of it rupturing if left untreated. Rapidly expanding or ruptured aneurysms do produce symptoms (typically severe abdominal, back or flank pain, low blood pressure or shock and a mass in the abdomen which pulsates; however only a minority of patients have all of these features). Patients with a ruptured AAA have a very low chance of survival, while those who undergo planned surgery for a non-ruptured AAA have an excellent rate of survival.

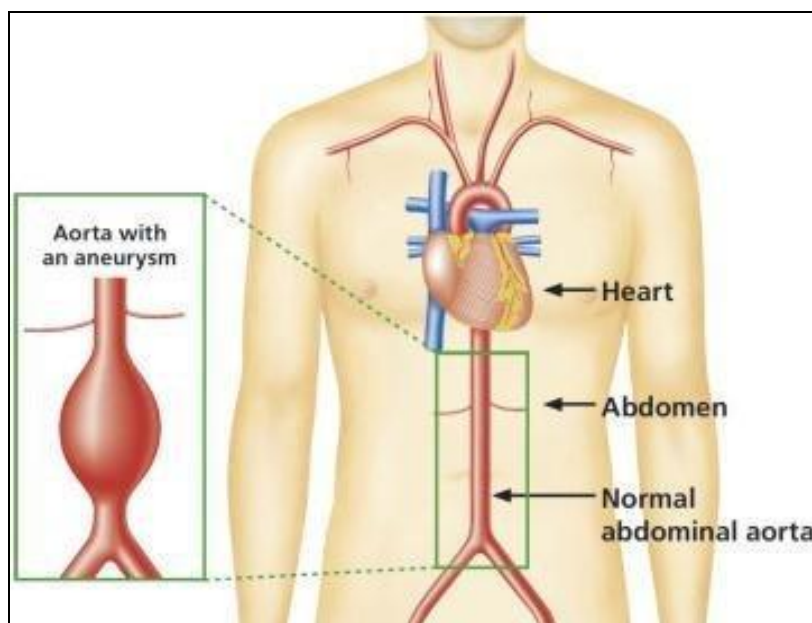


Image courtesy of English NHS AAA Screening Programme



## *Aim of the Northern Ireland AAA Screening Programme*

The overall aim of the Northern Ireland AAA Screening Programme is to reduce deaths from ruptured abdominal aortic aneurysms through early detection, monitoring and treatment.

Research has shown that women are six times less likely than men to have an AAA and, on average, women tend to develop AAAs ten years later than men. The NI AAA Screening Programme is therefore aimed at men in keeping with the recommendations of the UK National Screening Committee.<sup>2</sup>

## *Programme Objectives*

The Public Health Agency and the Belfast Health and Social Care Trust work together to meet the programme's core objectives. These include:

- Monitor delivery of the programme against national quality standards, taking appropriate action on areas where performance is not on target.
- Ensure appropriate failsafe systems are in place at each stage of the screening process.
- Ensure all staff are appropriately trained on all relevant aspects of the programme, including the Health and Social Care organisations' mandatory training.
- Actively engage with stakeholders at relevant events and opportunities, particularly in those areas where uptake rates are lower than the programme average.
- Ongoing review of information materials, with a particular emphasis on promoting the self-referral process for men aged 65 or over who have never attended for AAA screening.
- Continue to develop and formalise an appropriate quality assurance structure and function in collaboration with the English NHS AAA Screening Programme.
- Build on existing relations with the other four UK AAA Screening programmes, specifically with regard to: a review and development of current Quality Assurance Standards, updating programme information leaflets and re-tendering for the programme's IT solution.

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<sup>2</sup> Abdominal aortic aneurysm: the UK NSC policy on abdominal aortic aneurysm screening in men over 65. UK Screening Portal. Available at: [www.screening.nhs.uk/aaa](http://www.screening.nhs.uk/aaa) Accessed 10 December 2012.

- Identify and address health inequalities to ensure all eligible men can make an informed decision about whether or not to attend for screening.
- Continue to explore opportunities for Personal & Public Involvement (PPI).
- Identify and disseminate examples of regional and national best practice with regard to all elements of programme delivery.
- Promote and participate in research initiatives.
- Ongoing review and development of the Northern Ireland AAA Screening Programme website, engaging with stakeholders as appropriate.

## Section 4:

### *Programme Delivery and the Screening Pathway*

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The programme is run by a multi-disciplinary team of staff (see **Appendix 1**). All staff play an important role at various stages in the screening pathway.

The programme office is based in the Royal Victoria Hospital within the Belfast Trust.

Seven full-time screening technicians run clinics on a daily basis. There are currently 22 clinic locations across Northern Ireland, including health and wellbeing centres and community hospitals (see **Appendix 2**). Two of these venues were set up during 2014-15; they had been specifically identified as geographical areas with a significant population who would be eligible for screening. The new locations are Bangor Community Hospital and Roe Valley Hospital in Limavady.

**Appendix 3** provides an overview of the whole screening pathway. The key stages within the pathway are:

- Screening Invitation
- The Scan
- The Result
- Surveillance
- Referral and Treatment

#### **Screening Invitation**

The programme office sends an initial invitation letter to all men during the year in which they turn 65. All eligible men registered with a GP are invited to attend a local screening clinic; men over 65, who have not previously been scanned as part of the programme or been told they have an aneurysm, can self-refer by calling the programme office (*Tel: 02890 631828*).

Invitation letters are sent together with:

- information on the informed consent process; and
- a leaflet which explains the condition, the screening process and the benefits and risks of screening.

## The Scan

At each screening appointment, the screening technician explains both the screening process and the consent process to the man. As part of the consent process, the technician explains that the man's personal information will be retained securely within the programme system and that his GP will be informed of the outcome of the scan. The screening technician is available to answer any questions that the man may have to enable the informed consent process to be completed before the scan takes place.



The screening test involves a simple ultrasound scan of the abdomen. It is quick and painless. The screening technician measures the widest part of the abdominal aorta and saves a minimum of two images per scan. The whole process usually lasts less than fifteen minutes.

## The Result

All men will be informed of their results verbally at the clinic. Both the man and his GP will then be sent a letter confirming the result. If a man is identified as having an aneurysm his GP practice will also be informed by telephone the same day.

There are **FIVE** possible results from screening:

- **NORMAL:** **aortic diameter less than 3cm**

Around 98% of men will have a normal result. This means that the aorta is not enlarged (there is no aneurysm). No treatment or monitoring is needed and the man will be discharged from the screening programme. He will not need to be screened again.

- **SMALL AAA: aortic diameter measuring between 3cm and 4.4cm**

Men who have a small aneurysm detected will be invited back every twelve months for a surveillance scan to monitor the size of the aneurysm. Some small aneurysms will grow in size over time and become medium or large aneurysms.

- **MEDIUM AAA: aortic diameter measuring between 4.5cm and 5.4cm**

Men who have a medium aneurysm detected will be invited back every three months for a surveillance scan to monitor the size of the aneurysm. Some medium-sized aneurysms will grow over time to become large aneurysms.

- **LARGE AAA: aortic diameter measuring 5.5cm or over**

Men who have a large aneurysm detected are referred to a vascular surgeon within the Royal Victoria Hospital at the Belfast Health and Social Care Trust for further investigation and to discuss treatment options.

- **NON-VISUALISATION:** sometimes the aorta cannot be fully visualised and a man will be invited to come back on a different day for another scan.

As part of a local protocol a small number of men presenting with a more localised or focal swelling of their aorta are discussed with the lead sonographer, radiologist and clinician. If required such cases can be presented at the weekly Vascular Multidisciplinary meeting.

As all results are kept on the programme's IT system, it will also be possible to easily identify all men who have an aorta measuring between 2.6cm and 2.9cm should further national research deem a rescreen in later years appropriate.

## Surveillance

As indicated above, if a man has either a small or medium-sized aneurysm he will be invited back for surveillance appointments on a regular basis to monitor its size as follows:

- Men with small AAAs will be invited for **annual** surveillance scans
- Men with medium AAAs will be invited for surveillance scans every **three months**

Men under surveillance are also offered an appointment with a vascular nurse specialist for additional support and advice. The nurse will contact every man who has an AAA detected within two working days and offer either a face to face appointment or a telephone consultation. The nurse will explain the significance of having an AAA and offer lifestyle advice (including advice on

smoking cessation) and advice on blood pressure control (if relevant) to help decrease the risk of the aneurysm growing. The man will also be asked to attend his GP to have measurements taken for height, weight and blood pressure and to discuss appropriate medication.

## **Referral and Treatment**

The Northern Ireland AAA Screening Programme refers all men with a large aneurysm to the vascular service within the Belfast Health and Social Care Trust. Vascular units are required to meet national standards set by the Vascular Society of Great Britain and Ireland (VSGBI). The regional vascular service in the Royal Victoria Hospital within the Belfast Trust meets these standards.

All men referred to the vascular service are seen by a consultant vascular surgeon within two weeks of the initial scan. During this period, the man will have a CT scan to confirm the size of the aneurysm. All men diagnosed with a large AAA are discussed at a weekly vascular multidisciplinary team meeting (MDT) and also undergo vascular pre-assessment by a specialist nurse and vascular anaesthetist. The vascular consultant will then discuss treatment options at outpatient review. The two main treatment options are open surgery or endovascular (EVAR) surgery. The consultant will discuss the appropriate options with the man to enable him to make an informed choice. In some men further investigation and optimisation of underlying medical issues may be required prior to treatment of the AAA.

## Section 5:

### Programme Performance

During its third year, the Northern Ireland AAA Screening Programme invited all men who turned 65 between 1 April 2014 and 31 March 2015 for screening.

The current population of Northern Ireland is just over 1.8 million. Within this, the number of men aged 65 and over in 2014 was 126,662 of which 8,915 were men aged 65.

This report focuses on the performance of the programme for the 2014-15 cohort, the self-referrals and others offered screening through the programme as at end of March 2015<sup>3</sup>.

**Table 1: Numbers / categories of men to be offered screening in 2014-15**

<b>Category / Men:</b>	<b>Number:</b>
Screening cohort 2014-15 (all men who had their 65 <sup>th</sup> birthday during the year 1 April 2014 – 31 March 2015 - details for these men were automatically downloaded to the programme's IT system)	9,480
Self-referrals (men over 65 who were screened) <u>and</u> Prison setting (men aged 65 and over who were screened)	583
<b>TOTAL:</b>	<b>10,063</b>

<sup>3</sup> Data for the 2014-15 cohort are as at 30/06/2015 to allow time for screening episodes to be completed; all other data are as at 31/03/2015

## Overall Performance:

As shown in the table below, the Northern Ireland AAA Screening Programme had a (detection) prevalence rate of 1.5% for the 2014-15, which is similar to other AAA Screening Programmes across the UK.

**Table 2: Programme performance 2014-15**

			<b>TOTAL<sup>4</sup></b>
<b>2014-15 cohort (all) and other men over 65 screened<sup>5</sup></b>			<u>10,063</u>
<b>Eligible men aged 65 and over<sup>6</sup></b>			<u>9,864</u>
<b>Those screened:</b>			
<b>Total men 65 and over screened for the first time</b>	<b>2014-15 cohort screened</b>	7,601	8,184
	<b>Self-referrals and prison setting</b>	583	
<b>Uptake (calculated using 2014-15 cohort only)<sup>7</sup></b>			83%
<b>Aneurysms detected:</b>			
<b>Aneurysms newly detected by programme (all)</b>			126
<b>Prevalence (calculated using 2014-15 cohort only)</b>			1.5%
<b>Number of men added to and remained on surveillance programme</b>			117
<b>Referrals to the Vascular Unit</b>			22 <sup>8</sup>

All men who turned 65 between 1 April 2014 and 31 March 2015 who were registered with a GP in Northern Ireland were sent at least one screening appointment by the end of March 2015. All men who did not attend their first appointment were offered a further appointment by the end of June 2015.

<sup>4</sup> A detailed breakdown of some data is not provided to ensure no patient is identifiable

<sup>5</sup> This figure includes all men whose details were downloaded into the system as turning 65 in 2014-15; other men screened refers to self-referrals and those screened within the prison setting

<sup>6</sup> Of the 9,480 men in the 2014-15 cohort, 142 men died before being offered a screening appointment; 57 men were not eligible for screening as they were either no longer registered with a GP in NI or they informed the programme of (a) a previously detected AAA (b) previous imaging confirming they did not have an AAA; this left 9,281 men eligible for screening from the 2014-15 cohort, together with 583 men who self-referred or were screened within the prison setting.

<sup>7</sup> 86 men had deferred their screening appointment and a further 36 men still required a screening outcome as at the end of June 2015. The total men eligible for screening with a completed outcome therefore was 9,159 – this is the figure used to calculate the uptake rate.

<sup>8</sup> Figures for referrals include those men who had AAAs detected in previous years and had been on surveillance.



**Table 3: Performance against Quality Standards for 2014-15:**

	Programme Performance	Quality Standard - Acceptable	Quality Standard - Achievable
<b>Uptake (initial screening)</b>	83%	≥ 75%	≥ 85%
<b>Timely referral (subjects with AAA ≥ 5.5cm referred within one working day)</b>	95%	≥ 95%	100%
<b>Timely intervention (men with aorta ≥5.5cm seen by vascular specialist within two weeks)</b>	67% <sup>9</sup>	≥ 90%	≥ 95%
<b>Timely treatment (men with AAA ≥5.5cm deemed fit for intervention and not declining, operated on by a vascular specialist within eight weeks)</b>	86%	≥ 60%	≥ 80%
<b>30 day mortality following elective surgery on screen-detected AAAs</b>	0%	≤ 6%	≤ 3.5%

### **Surgery by Type**

The Vascular Team within the Belfast Trust performed surgery on 22 men during 2014-15. Of these, 55% had an elective open repair of their abdominal aortic aneurysm, compared to 45% having endovascular surgery.

<sup>9</sup> The 33% of men not seen within two weeks (10 working days) were seen at the next available outpatient clinic (no man waited longer than 16 working days for an outpatient review)

## Section 6:

### *Personal and Public Involvement (PPI)*

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Personal and Public Involvement (or PPI) is about people and communities influencing the planning, commissioning and delivery of health and social care (HSC) services. It means actively engaging with the public and specifically those who use services such as screening.

The Public Health Agency is the lead organisation responsible for the implementation of PPI policy across all HCS organisations within Northern Ireland.

In 2014-15, the Northern Ireland AAA Screening Programme continued to develop existing PPI projects to help ensure the programme is meeting the needs of its eligible population. A number of new opportunities were also identified to further engage with service users and learn about their expectations of the programme and how these might be met. Progress with regard to both initiatives is outlined below:

#### *Ongoing*

- The third service-user event for those men with a newly detected AAA during 2014-15 was held in April 2015. The evaluation of this event was extremely positive and resulted in a number of excellent suggestions from service users which have been implemented by the programme. These included suggestions such as greater engagement with GPs and Pharmacies.
- Draft invitation letter and easy-read version of small and large leaflets produced as part of project with health facilitators to ensure ***all eligible learning disabled men*** are able to make an informed choice about accessing screening.
- Profiles of gentlemen with a screen-detected AAA featuring in ***local and regional newspaper articles***.
- Participation of gentlemen with a screen-detected AAA in ***promotional activities*** (service user video, programme website and programme newsletter - The AAA Team).

New

- **Appointment, induction and participation of newly elected service users** / patient representatives in operational meetings and PPI initiatives.
- Briefing by PHA staff at a morning workshop at the **Association of Real Change** to service providers for individuals with learning disabilities on adult screening programmes and how to access them.
- Engagement with several community groups representing older men, including Volunteer Now and Men 2 Men, leading to publication of articles in newsletters promoting AAA screening.
- Continued delivery of talks on accessing AAA screening to men's groups across the region including Probus (Bangor and Antrim), Reach (Bangor) and at Men's Sheds in Belfast, Armagh and Enniskillen.

### ***Meet our Service User / Patient Representatives***



*From left: Mr Kieron McGuire, Mr Tommy Canning with Mrs Jacqueline McDevitt, Mr Peter Bullick*

Mr Peter Bullick, Mr Tommy Canning and Mr Kieron McGuire have all been through the screening programme. They were each diagnosed with a large AAA and subsequently referred for treatment to the Specialist Vascular Team at the Belfast Trust. All three men have made considerable contributions to the ongoing development and improvement of the service through their membership of the programme's Co-ordinating Group and their attendance at various Service User Events. We look forward to continuing to benefit from their input and experience in the future.

## **Section 7:**

### **Role of Primary Care**

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The screening programme continues to engage with Primary Care teams across Northern Ireland on an ongoing basis. Since the programme began in 2012, their considerable contribution and partnership working is invaluable, particularly in the areas outlined below.

#### **Supporting men with a screen-detected AAA**

When an aneurysm is detected, the programme informs the man's GP practice by telephone on the same day. This is followed up in writing.

GPs are then asked to arrange to take measurements for height, weight, BMI and blood pressure, and consider commencing the man on anti-platelet and statin therapy (unless contra-indicated).

For men with a large AAA, GPs are also asked to make a standard referral to the Vascular Team for further intervention / treatment and to arrange an urgent blood test (U&E).

GPs are the key providers of aftercare for men who have undergone surgical repair.

#### **Promotion of the Programme**

People often rely on the advice of the primary care teams when making health decisions. It is therefore important that these teams are well informed about the programme and can discuss the benefits and harms of AAA screening to enable eligible men to make an informed choice.

GPs are informed when a man does not attend a screening appointment. Some practices identify men who do not attend and talk to them opportunistically about screening, whilst others have proactively contacted men who do not attend to discuss screening.

Primary care teams have also been actively promoting the programme to those over 65 and eligible to self-refer. Many men who call the programme to self-refer do so after being advised of the programme by their GP / Pharmacist or after seeing a poster in their waiting area. In particular, GPs have recommended screening to eligible men who have a strong family history of AAAs. Over half of all self-referrals during 2014-15 have been as a direct result of promotion by primary care. This includes emails / letters from

GPs to their eligible patients, displaying of information within waiting areas, personal recommendation by GPs at appointments, etc.

The programme will continue build on the success of this kind of promotion by working with GP practices across Northern Ireland on an ongoing basis.

### **Providing information to facilitate screening appointments for eligible men**

The programme continually liaises with primary care on a range of issues such as:

- ensuring patient records are accurate – information is downloaded into the programme's IT system on eligible men registered with GPs; programme staff liaise with practices on any discrepancies
- seeking information about particular needs of men coming for screening, e.g. a physical or sensory disability, limited mobility or a learning disability – this helps facilitate the screening appointment and allows appropriate arrangements to be made, e.g. extra time for the appointment if required
- organising an appropriate interpreter or signer when required to facilitate an appointment

### **Healthcare Professionals newsletter**

The Screening Programme continued to produce a newsletter three times per year during 2014-15, aimed at healthcare professionals.

This is an important vehicle for the programme to continue to engage with primary care teams.

## Section 8:

# Governance and Accountability

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## *The Public Health Agency*

The Public Health Agency has a number of key functions in relation to screening programmes including:

- Leading on the implementation of screening policy, including the introduction of new screening programmes and any changes required to existing screening programmes.
- Ensuring the delivery of high quality, safe, effective and equitable screening programmes for people in Northern Ireland.
- Supporting continuous quality improvement through programme monitoring and evaluation, and adverse incident investigation and management.

Specifically, the Agency takes lead responsibility for external quality assurance (QA) of the programme, focussing on the establishment of a robust QA structure and function to ensure it meets the responsibilities outlined above.

To help fulfil the PHA's core function of monitoring, maintaining and continuously improving upon acceptable standards of service, performance and quality across all elements of the Northern Ireland AAA Screening Programme, the PHA has ensured:

- A formalised process is in place for the timely appointment/re-appointment of a clinical lead and an imaging lead.
- The establishment of an AAA Screening Co-ordinating Committee, chaired by the Public Health lead, including PHA staff and all relevant members of Belfast Health and Social Care Trust NI AAA Screening Programme staff.
- Regular monitoring of QA data is undertaken.
- Appropriate fail-safe mechanisms are in place to ensure screening is offered to all eligible men and that those men requiring surveillance and referral are followed up in a timely and appropriate way.
- There is an agreed programme of equipment monitoring.
- A programme of formal, external Quality Assurance visits will be established in collaboration with the English NHS AAA Screening Programme.

## *The Belfast Health and Social Care Trust*

The Belfast Health and Social Care Trust is responsible for the operational management and delivery of the NI Abdominal Aortic Aneurysm Screening Programme.

The Trust ensures all eligible men are invited to attend for screening in their 65<sup>th</sup> year and that they are provided with appropriate information, support and advice, particularly those men who have an AAA detected through the programme.

Staff who have responsibility for the operation of the programme are employed by the Trust and carry out all of the scans including rescans and surveillance scans.

The surveillance programme for men identified with a small or medium AAA is provided by the Trust as part of the NI AAA Screening Programme. Similarly, those men who are identified with a large AAA are referred to the vascular surgery team at the Royal Victoria Hospital within the Belfast Trust to discuss potential treatment options.

The Trust also has responsibility for:

- Setting operational policy for the programme.
- Liaising with GPs regarding secondary care, particularly when a man is detected as having an aneurysm.
- Local (internal) quality assurance of the screening process.
- Ensuring appropriate failsafe systems are in place.
- Providing reports on the performance of the programme and data for quality assurance purposes.
- Engaging with stakeholders regarding development of the programme.
- Organising and taking part in promotional activities for the programme.

## *Audit and Research*

Both organisations take joint responsibility for developing and facilitating audit and research activities related to the programme.

**Appendix 4** details the PHA's governance and accountability reporting arrangements.

**Appendix 5** details the Belfast Trust's governance and accountability reporting arrangements.

## **Section 9:**

### ***Future Developments***

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The NI AAA Screening Programme is committed to continued development of the programme to build on the achievements to date and continue to improve the AAA screening experience for service users.

Whilst delivering on the core objectives of the programme as outlined in section 3 of this report, during 2015-16 the programme plans to:

- Set up a pilot External Quality Assurance (EQA) Desktop Review Exercise with the Trust to take place in late 2015
- Undertake a review of information materials involving input from a wide range of stakeholders including service users
- Develop the website further to make it more user friendly for accessing via mobile devices; also add other useful resources such a video animation outlining what an AAA is, an update of the screening locations map, etc.
- Continue to work with appropriate prison healthcare providers to facilitate screening clinics for eligible men
- Identify further opportunities to raise general awareness of the programme and encourage further self-referrals, e.g. promotional opportunities within healthcare facilities, shopping centres, etc.
- Continue engagement with GPs and other primary care teams to raise awareness of the programme and continue to promote the self-referral pathway in local areas
- Identify additional appropriate venues within local areas to enable the screening to be provided as local as possible



## *Appendices*

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- 1 NI AAA Screening Programme Staff
- 2 Map of Screening Locations
- 3 The Screening Pathway
- 4 Governance and Accountability Structure: Public Health Agency
- 5 Governance and Accountability Structure: Belfast Health and Social Care Trust

## **Appendix 1 – NI AAA Screening Programme Staff:**

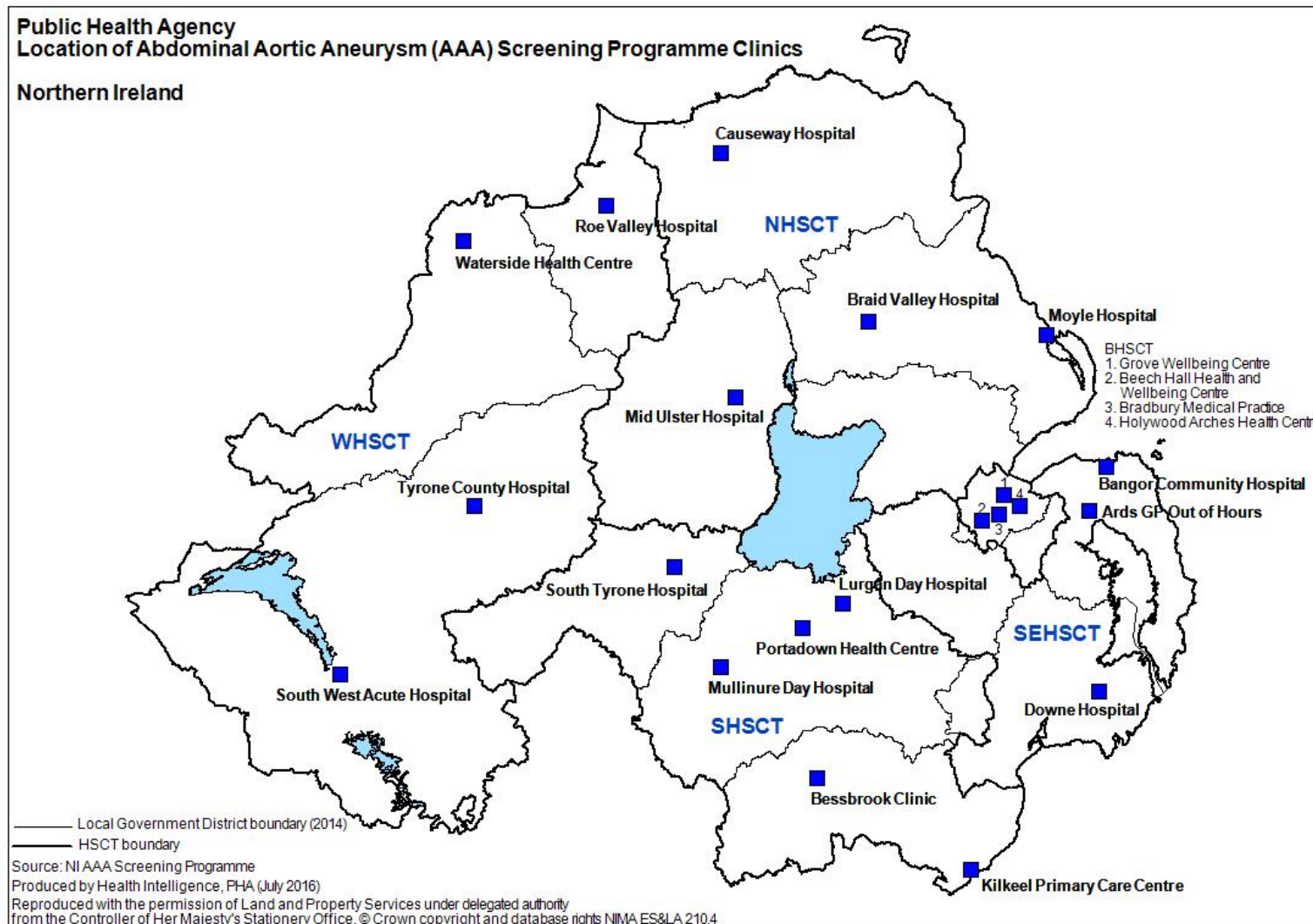
### ***Belfast Health and Social Care Trust***

Paul Blair	Clinical Lead
Janet Callaghan	Clinical Co-ordinator
Lisa Campbell	Administrative Assistant
Ciara Conway	Screening Technician
Linda Cox (until Feb 2015)	Screening Technician
Sarah Davidson	Administrative Assistant
Trez Dennison	Vascular Nurse Specialist
Elaine Donnelly	Screening Technician
Peter Ellis	Imaging Lead
Deborah Galloway (from Dec 2014)	Screening Technician
Paula Heaney (from Sept 2014)	Screening Technician
Deirdre Kearns	Lead Screening Sonographer
Pauline McMahon	Screening Technician
Roisin Monan	Assistant Programme Manager
Karen McClenaghan	Specialist Surgery Services Manager
Kathy McGuigan	Vascular Nurse Specialist
Gillian Newell	Screening Technician
Diane Stewart	Programme Manager
Gill Swain	Vascular Nurse Specialist

### ***The Public Health Agency***

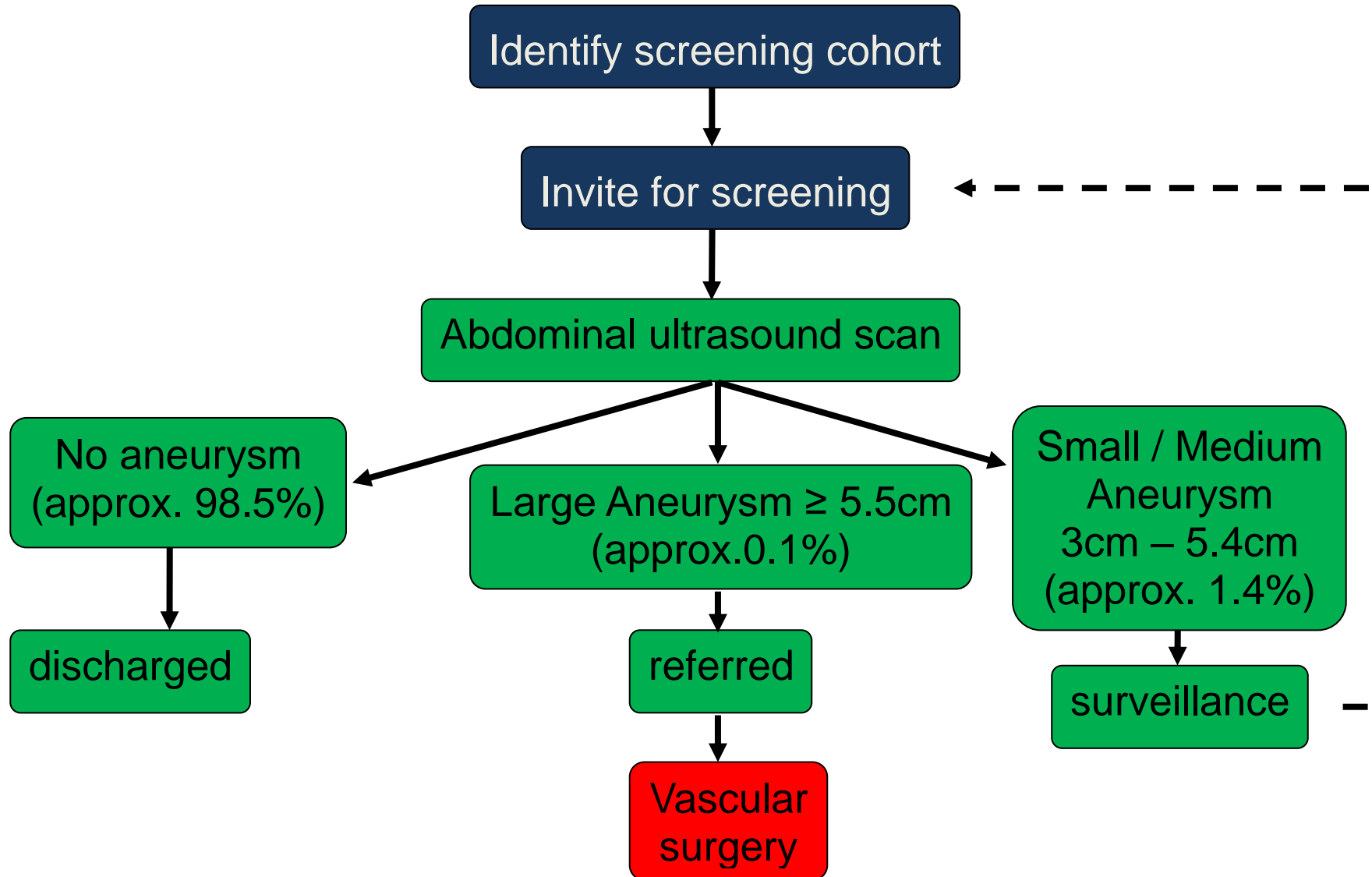
Adrian Mairs	Public Health Lead
Jacqueline McDevitt	QA and Commissioning Support Mgr
Helen McCann	Administrative Support

## Appendix 2 – Map of Screening Locations



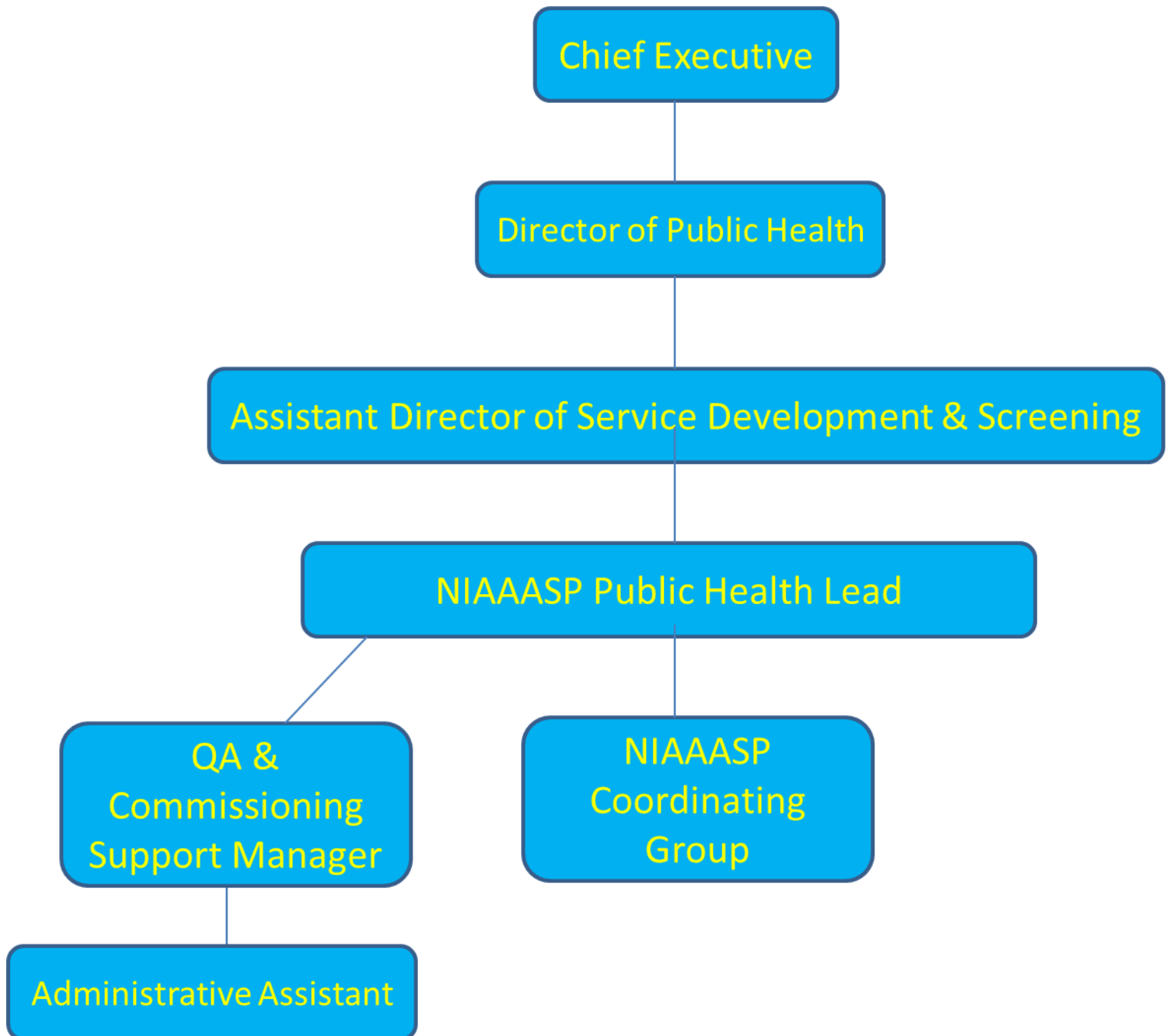
In addition, screening has been provided in Maghaberry prison

## Appendix 3 – The Screening Pathway



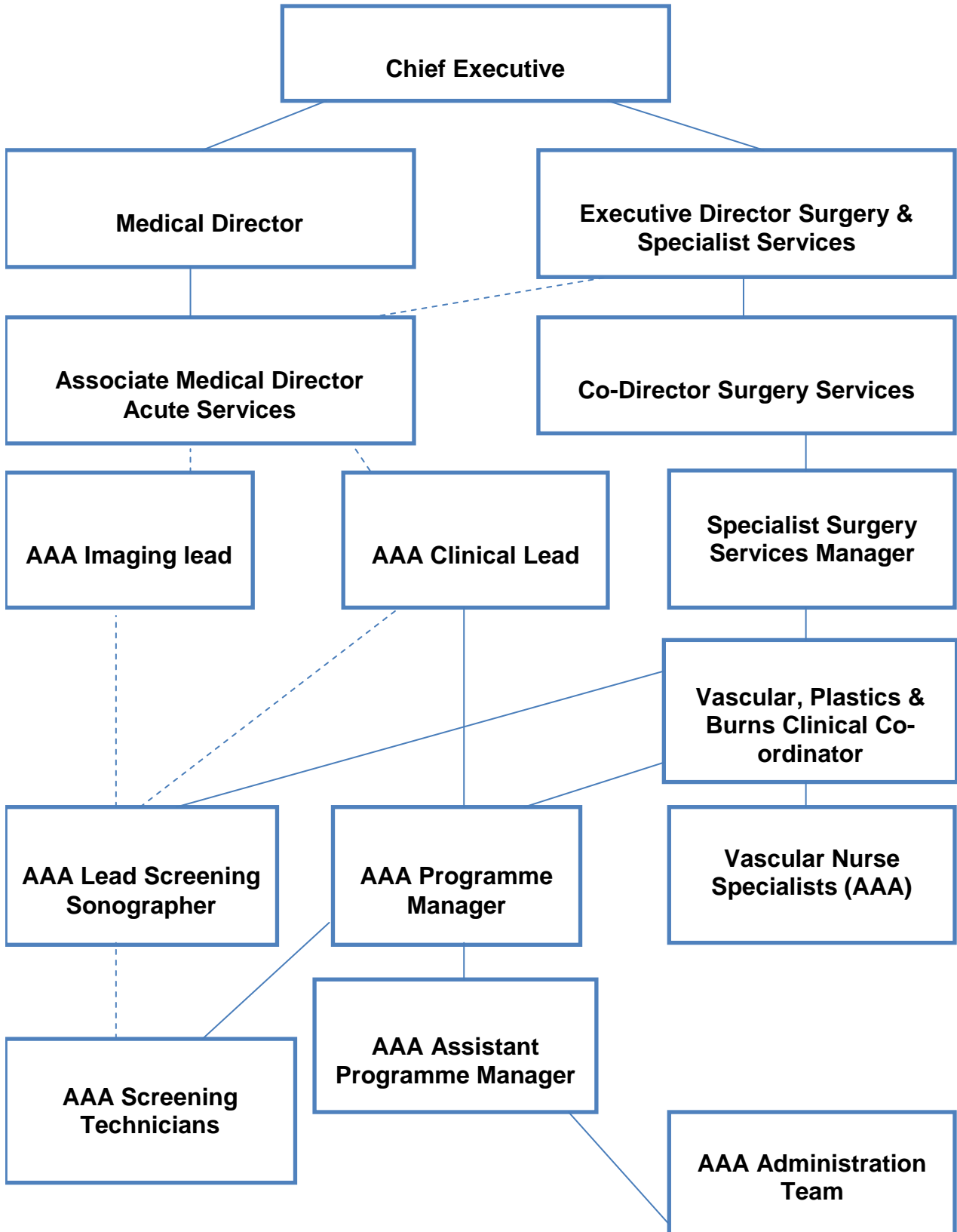
## Appendix 4 – Governance and Accountability Structure: Public Health Agency

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## *Appendix 5 – Governance and Accountability Structure: Belfast Health and Social Care Trust*

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If you are interested in finding out more about being screened please contact the Screening Programme Office on 02890 631828.

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